

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213541306			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Richmond Friends of the Homeless, Ltd.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SHAWNEE M HANSEN 4600 JAYDEE DR MOSELEY, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 03792397</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4600 JAYDEE DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: MOSELEY, VA 23120</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHAWNEE M HANSEN TITLE: PRESIDENT ADDRESS: 4600 JAYDEE CITY/ST/ZIP/CO: MOSELEY, VA 23120 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SHAWNEE M HANSEN TITLE: PRESIDENT ADDRESS: 4600 JAYDEE CITY/ST/ZIP/CO: MOSELEY, VA 23120	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: SHAWNEE M HANSEN TITLE: PRESIDENT ADDRESS: 4600 JAYDEE CITY/ST/ZIP/CO: MOSELEY, VA 23120	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICH CHANDLER TITLE: TREASURER ADDRESS: 2505 GLEN CENTER ST CITY/ST/ZIP/CO: RICHMOND, VA 23223 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICH CHANDLER TITLE: TREASURER ADDRESS: 2505 GLEN CENTER ST CITY/ST/ZIP/CO: RICHMOND, VA 23223	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICH CHANDLER TITLE: TREASURER ADDRESS: 2505 GLEN CENTER ST CITY/ST/ZIP/CO: RICHMOND, VA 23223	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARTY KELLY TITLE: CHAIRMAN ADDRESS: 2301 CARDIFF WAY CITY/ST/ZIP/CO: RICHMOND, VA 23236 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARTY KELLY TITLE: CHAIRMAN ADDRESS: 2301 CARDIFF WAY CITY/ST/ZIP/CO: RICHMOND, VA 23236	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARTY KELLY TITLE: CHAIRMAN ADDRESS: 2301 CARDIFF WAY CITY/ST/ZIP/CO: RICHMOND, VA 23236	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DALE MATHENEY TITLE: VICE CHAIRMAN ADDRESS: 5901 EAST BLUFF CT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DALE MATHENEY TITLE: VICE CHAIRMAN ADDRESS: 5901 EAST BLUFF CT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DALE MATHENEY TITLE: VICE CHAIRMAN ADDRESS: 5901 EAST BLUFF CT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHELDON DRAKE TITLE: DIRECTOR ADDRESS: 9512 IRONBRIDGE RD #200 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SHELDON DRAKE TITLE: DIRECTOR ADDRESS: 9512 IRONBRIDGE RD #200 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHELDON DRAKE TITLE: DIRECTOR ADDRESS: 9512 IRONBRIDGE RD #200 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CAMILLE HANSEN TITLE: DIRECTOR ADDRESS: 4600 JAYDEE DR CITY/ST/ZIP/CO: MOSELEY, VA 23120 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CAMILLE HANSEN TITLE: DIRECTOR ADDRESS: 4600 JAYDEE DR CITY/ST/ZIP/CO: MOSELEY, VA 23120	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CAMILLE HANSEN TITLE: DIRECTOR ADDRESS: 4600 JAYDEE DR CITY/ST/ZIP/CO: MOSELEY, VA 23120	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HUGHES DIRECTOR 9512 IRONBRIDGE RD - SUITE 200 CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERNARD ROBINSON DIRECTOR 14421 JUSTICE RD MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON VOLI DIRECTOR 15649 FOX COVE CIRCLE MOSELEY, VA 23120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Candy Cecil SECRETARY 801 Rosegill Rd. Richmond, VA 23236	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Annie Williams DIRECTOR 10810 North Bank St. Richmond, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew Little DIRECTOR 2920 Queenswood Rd. Midlothian, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Fred Williams DIRECTOR 3004 River Hills Ct. Midlothian, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Louis Watts DIRECTOR 11741 Bondurant Dr. Richmond, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ronnie Vaughan DIRECTOR 14210 Spring Gate Terrace Midlothian, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHAWNEE M HANSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAWNEE M HANSEN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/2/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			